



Division Guideline #4

Date: Created April 13, 2011
Reviewed November 2, 2011
Revised August 22, 2012
Revised October 18, 2013

Title: Coordination of DD Waiver Services with State Plan
Personal Care and Incontinence Supplies

Application: Regional Offices, Community Providers, State-Operated Waiver
Programs, Utilization Review Committees

This guideline applies to the coordination of services covered under Medicaid state plan for people who participate in Home and Community-Based (HCB) Waivers. Federal law states that people who participate in HCB Waivers may also receive services covered under the State Plan, subject to limits set forth in law or regulations.

Many people who participate in a HCB Waiver administered by the Division of Developmental Disabilities may also meet the level of care criteria for participation in Medicaid State Plan personal care (PC) services. State Plan PC services are administered by the Department of Health and Senior Services, Division of Senior and Disability Services and Bureau of Special Health Care Needs.

Incontinence Supplies

Incontinence briefs, diapers, pull-ups and underpads for children and youth ages 4 through 20 with disabilities or special health care needs are covered under the MO HealthNet program through the Early Periodic Screening, Diagnosis and Treatment program.

Incontinence briefs, diapers, pull-ups and underpads for participants 21 and over are covered through MO HealthNet Exceptions process, excluding participants of the Community Support, Comprehensive or Partnership for Hope Waivers. Adults with developmental disabilities who receive TCM only, including individuals on a waiver waiting list, may receive incontinence supplies through the Exceptions process when a prescriber believes the supplies are medically necessary. Following is a link to the MO Health Net exceptions criteria. <http://www.dss.mo.gov/mhd/cs/except/pdf/adult-incontinence-products.pdf>

Participants of the Comprehensive, Community Support or Partnership for Hope Waiver aged 21 or over who require adult incontinence supplies shall have those supplies covered through the waiver under specialized medical equipment and supplies. MO HealthNet screens all Exceptions requests for adult

incontinence supplies for waiver participation, and refers those requests to the Division of DD for coverage.

State Plan personal care

The service definition for residential habilitation is a 24 hour service which includes assistance with activities of daily living and instrumental activities of daily living. **Group homes and all ISL arrangements are paid under the residential habilitation service codes. Thus, no one who is authorized for waiver services under procedure T2016HIHQ or T2016 HI will be eligible for State Plan personal care.**

Waiver participants with shared living (host home) supports (waiver procedure code S5136) are not eligible for state plan personal care. Assistance with activities of daily living (ADLs) and assistance with instrumental activities of daily living (IADLs) are included in the shared living (host home) service definition.

Waiver participants who do not receive residential or shared living supports, who require assistance with activities of daily living may also be eligible for state plan personal care. Personal care for children through age 20 is authorized through the Bureau of Special Health Care Needs (BSHCN), and for adults with disabilities age 18 and over by the Division of Senior and Disability Services (DSDS). While there is overlap between these two programs for youth ages 18-20, there is close coordination at the local level between DSDS and BSHCN to ensure no duplication.

Personal care services under the state plan differ in service definition, in limitations of amount and scope, and in provider type and requirements from personal assistant services under the waiver. When an individual's need for personal assistance is strictly related to ADLs and can be met through the MO HealthNet state plan personal care program administered by the DSDS or the BSHCN, he or she will not be eligible for personal assistant services under the waiver, in accordance with the requirement that state plan services must be exhausted before waiver services can be provided.

DD Waiver personal assistant may be authorized when:

- State plan limits on number of units for personal care are reached and more assistance with ADLs and/or IADLs is needed;
- Individual requires personal assistance at locations outside of their residence;
- The individual has behavioral or medical needs, and they require a more highly trained personal assistant than is available under state plan;
- When the participant or family is directing the service through the FMS contractor.

DHSS licensed Residential Care and Assisted Living Facilities

Residential Care and Assisted Living Facilities licensed by the Department of Health and Senior Services can enroll with Missouri Medicaid Audit and Compliance to become qualified providers of State Plan Personal Care. Missouri State Law requires Residential Care and Assisted Living facilities to provide assistance with activities of daily living and assistance with instrumental activities of daily living. Waiver personal assistance for DD Waiver participants residing in ALF or RCF may not duplicate or supplant State Plan personal care and is limited to assisting the waiver participant while they are out in the community.

Adult Day Health Care

Adult Day Health Care has been discontinued from Medicaid State Plan as of June 30, 2013. Adult Day Health Care has been replaced with a day care service in two Home and Community Based Waivers operated by DSDS – the Adult Day Care Waiver, and the Aged and Disabled Waiver.

This guideline will be reviewed and updated annually, as needed.